

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/031187**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		1		1		
11		0		1		
12		0		1		
13		1		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
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23		0		1		
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25		0		1		
26		0		1		
27						
28						1
29						1
30						1
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		↓	25	↓		↓
TOTAL CLAIMS			26			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						1
59						1
60						1
61						1
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97						
98						
99						
100						
TOTAL IND.		↓		↓	1	↓
TOTAL DEP.		↓		↓	34	↓
TOTAL CLAIMS					35	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
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